

For MRS office use only:

Date Application received

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH

MICHIGAN REHABILITATION SERVICES

APPLICATION FOR EMPLOYMENT SERVICES

Please Print

Resident status:	US Citizen
	Non-US Citizen, type of Visa: _____
NOTE: A copy of the VISA is required.	

I. PARTICIPANT DATA

Name (Last, First, Middle Initial)				Social Security Number		Date of Birth	
Address (No. & Street, Apt)				City		County	
Area Code & Phone No.				Voice		Fax TTY	
E-Mail Address							
Race/Ethnicity	Hispanic Origin	Yes No	Multi-Racial	Yes No	Are you a Veteran?	Yes No	Sex Male Female
What is your marital status?		Married	Widowed	Voter Registration		Currently registered	Would like to apply
Never Married		Divorced	Separated			Not registered	Would not like to apply
Are you a previous MRS participant?		Yes>	When?	Which office?			
		No					
Who referred you to MRS?							
Primary Disability		Cause		Limitations			
Other Disability		Cause		Limitations			
Are you currently under a physician's care for your disability?		Yes	Who is providing treatment?				
		No					
Address							
Are you currently covered by health insurance?		Medicare	Medicaid	Both			
No		Yes>	Name of Insurance Coverage? _____				
Do you have a Michigan driver's license?		Yes>	Do you have a car, van or truck?	Yes	No > What is your means of transportation? _____		
		No		No			

What kind of job would you like and what services are you requesting from MRS?

II. SOURCES OF FINANCIAL ASSISTANCE (Which you are receiving)

Check those that apply and indicate amount	
SSI \$ _____ Mo.	Food Stamps \$ _____ Mo.
SSDI \$ _____ Mo.	Unemployment Compensation \$ _____ Wk.
TANF (FIP) \$ _____ Mo.	Workers Compensation \$ _____ Mo.
State Disability Assist. \$ _____ Mo.	V. A. Benefits \$ _____ Mo.
	Other (specify) _____ \$ _____
Other assistance applied for:	

Ila. FOR SSI/SSDI "TICKET TO WORK" RECIPIENTS ONLY

Please provide a copy of your social security card, award notice letter from the Social Security Administration, and your IWP if working with another provider.

Type of benefit: (Check both boxes if you receive both SSI and SSDI.)	Have you received a "Ticket to Work" from SSA?	Yes No
SSI	SSDI	
Are you receiving cash benefits under someone else's SSN?	Yes, Please give name and Social Security Number	
	No	
Have you assigned your ticket to any other provider?		
No	Yes, if yes, who?	

III. EDUCATION

High School Diploma?	Yes No	School at Application	Have you earned a General Education Development Certificate (GED)?	Yes No
Degree and certificates earned			Field of Study	
Other training or job skills				

IV. EMPLOYMENT DATA

Are you currently employed?	Yes No	What types of jobs have you held in the last year?	How many jobs have you had in the past year?
1. Employer Name (<i>most recent</i>)		Address (<i>No. & Street</i>)	City
Dates of Employment		Wages	Reason for Leaving
Job Duties			
2. Employer Name		Address (<i>No. & Street</i>)	City
Dates of Employment		Wages	Reason for Leaving
Job Duties			
3. Employer Name		Address (<i>No. & Street</i>)	City
Dates of Employment		Wages	Reason for Leaving
Job Duties			

V. PERSONAL CONTACTS

Name	Relationship	Telephone No.	Voice
Address		TTY/Fax	
		e-mail address	
Name	Relationship	Telephone No.	Voice
Address		TTY/Fax	
		e-mail address	

VI. MEMBERS OF YOUR HOUSEHOLD

Name	Relationship	Age	Name of Employer	Wage
1				
2				
3				

VII. PARTICIPANT SIGNATURE

Your signature below means you are applying for MRS services because you wish to be employed.

Participant's Signature (<i>Parent or guardian, if applicable</i>)	Date
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VIII. MRS REPRESENTATIVE

The application has been reviewed, the participant has been provided an orientation to Agency services, and their rights and responsibilities have been discussed.

Signature (<i>MRS Representative</i>)	Date
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